

## Specialty Drug Administration – Alternative Site of Care (Drug List)

### Therapy Information for Healthcare Professionals

Applies to the following specialty drugs administered by a healthcare professional:

Specialty Drug	HCPCS	Code Description	Effective Date*
Amondys 45	J1426	Injection, casimersen, 10 mg	06/01/2023
Elaprase	J1743	Injection, idursulfase, 1 mg	06/01/2023
Exondys 51	J1428	Injection, eteplirsen, 10 mg	06/01/2023
Viltepso	J1427	Injection, viltolarsen, 10 mg	06/01/2023
Vyondys 53	J1429	Injection, golodirsen, 10 mg	06/01/2023

\* The effective date refers to the date that the code is added to the alternative site of care program and is open on the Provider Type 08 (pharmacy) fee schedule with Place of Service 12 (patient's home).

### Additional Information

- If the HCPCS in question has other coverage requirements (e.g., prior authorization), those requirements still apply.
- If a prior authorization was obtained previously and the servicing provider changes, a new prior authorization request will need to be submitted.
- Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.
- As codes for provider-administered specialty drugs are opened for home administration, they will be added to the table above.

### Document Change History

Change Date	Description of Change	Version
06/01/2023	Program implementation. Starting with 5 initial HCPCS codes (3 which are already open for home administration). Amondys 45 (J1426), Elaprase (J1743), Exondys 51 (J1428), Viltepso (J1427), and Vyondys 53 (J1429).	1